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# SAINT BARTHOLOMEW'S HOSPITAL JOURNAL



FEBRUARY 1943

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# ST. BARTHOLOMEW'S



## HOSPITAL JOURNAL

Vol. XLVII

FEBRUARY 1st, 1943.

No. 1

### THIS MONTH'S JOURNAL

If our readers will turn back to the cover of this issue of the JOURNAL they will see that two words in small print are absent. These two words are "*War Edition*." Their absence does not mean that we are predicting a suspension of hostilities, but it marks the end of a memorable phase in the history of the JOURNAL. It may be recalled that at the beginning of the war, the JOURNAL felt that it could not continue in its old form, and it was only because of the earnest wishes of various authorities in the Hospital that a JOURNAL was produced at all. Accordingly the *War Edition* came into being, and for a little over three years a JOURNAL was produced regularly each month, sometimes a little meagre perhaps, but nevertheless a JOURNAL. It should be with great admiration that we congratulate all who produced those issues. The difficulties with which they had to contend were numerous; the evacuation of the Hospital, the paper shortage, the bombing and lastly, but perhaps the most disheartening, the difficulty of persuading readers to contribute. Therefore we think that the JOURNAL *War Edition* may be allowed a small fraction of the praise that is due to the Press of this country, and above all, to the underground newspapers of the occupied countries, for carrying on despite those hindrances.

Thus the *War Edition* becomes history and the JOURNAL returns to its original status. This change, apparent in so insignificant a manner, will have no effect upon our readers outside the Hospital, but inside the Hospital every student will have a copy of the JOURNAL free, as has always been his right. We have been able to take this step by the support given us from the Students' Union and to them we offer our sincere thanks. But their assistance alone will not run the JOURNAL and we must make yet another call to all our readers for contributions. As we have often stressed in these paragraphs we will not only record facts and figures but we

will gladly print articles on subjects outside medicine and its related sciences.

It is in this connection that we have noted a paradox which is difficult to explain. Boredom, we are told, is one of the major factors which may cause the deterioration of morale in an army or a country at war. Boredom means an inability to find an occupation for the mind, and a large amount of time in which there is nothing to do. We would hazard that all our readers must have heard the doctor in the film, *In Which We Serve*, complaining bitterly of spending months on an expensive medical training and then doing nothing, and we believe there are many in a similar position. But judging by the number of contributions we receive all our readers must be incredibly busy and their morale must be equally high. Nevertheless, we have not yet received a letter such as that written by Fanny Squeers on behalf of her father, the headmaster of Dotheboys Hall:

"Sir, My pa requests me to write to you, the doctors considering it doubtful whether he will ever recover the use of his legs which prevents his holding a pen."

It is, perhaps, fitting that since this issue is for the students of the Hospital, it should contain some free advice for them. In our pages will be found an article entitled, *On Being a Medical Student*, and we commend it to all who are now in that position, or as Bernard Shaw so happily expresses it; "of the lowest form of life." But, should those who have long ago graduated from the abyss think themselves not concerned with the contents of that article, we include an extract from a daily paper of some years ago, which shows that they too were inclined to be a little frolicsome in their youth.

So we present the first number of the forty-seventh volume of the JOURNAL, with our sincere hopes that, with our readers' sufferances of its shortcomings and their most able support, it will flourish accordingly.

## HÆMATOMA, ABSCESS, AND NECROSIS OF THE NASAL SEPTUM

By S. E. BIRDSALL

The title of this paper has been chosen after consideration of the way in which the sequence of hæmatoma—abscess—and necrosis of the septal cartilage may best be forcibly demonstrated to the reader.

This pathological sequence is common as a result of injury to the nose, and may occur as a rare complication of staphylococcal infections of the skin covering the anterior nares. In both cases, it is very commonly undiagnosed until the deplorable late effects can no longer be prevented.

### INJURY TO THE NOSE

When the nose is subjected to violence, it may suffer injury to its skeletal and cartilaginous structure. The attention of the surgeon is usually focussed on the visible external effects, such as contusion and deformity. The skeletal deformity is visible immediately after the injury, but within a few hours there will be so great a swelling of the soft parts that the underlying bony displacement is obscured. It is important to remember that the skeletal disfigurement can be corrected later, and does not constitute an urgent surgical problem. The signs indicating injury which is in need of urgent treatment are cerebrospinal rhinorrhœa and complete bilateral nasal obstruction. A continued flow of clear watery fluid from the nose, following trauma, is due to a compound fracture of the base of the skull, which may be of any of the three intracranial fossæ.

It is an injury which is probably complicated by other cerebral injuries.

### COMPLETE BILATERAL NASAL OBSTRUCTION

If complete obstruction of both nasal passages follow a blow on the nose, it is probably due to a hæmatoma of the nasal septum. Common injuries in the young adult are those due to the impact of football-boots, cricket-balls, and hockey-sticks. The external deformity is often extreme, such accidental violence usually being oblique, so that the whole nose may appear to be depressed on one side and displaced towards the other. The deformity may be ludicrous or distressing in its effect, but can usually be corrected in a satisfactory manner after an interval of 4 to 14 days has allowed the swelling of the soft tissues to subside. It may produce nasal obstruction on either side, with reduction of the

airway on the opposite side, but skeletal deformity alone will not cause complete obstruction of both nasal passages. Complete bilateral nasal obstruction following injury must be regarded as a serious symptom, due to the formation of a septal hæmatoma. A hæmatoma of the septum results from rupture of a vessel beneath the epithelium covering the septum, and is due to a fracture involving the cartilaginous or the bony septum, with tearing of one of the vessels which are in close relation with it. It is more common after mid-line trauma, such as that sustained in boxing, falls on the nose, or forcible impact during black-out hours with street hazards—especially the rightly-abused Belisha beacons. It is relatively frequent in the nasal injuries of children, who often sustain trauma to the septum through falling on to the hard floor or ground. In such a case the external appearance of the nose may be little altered until the soft parts have been distorted by the effusion of blood and serum into the tissues. Inspection and palpation of the skeletal external structures of the nose may indicate absence of injury, yet a fracture of the bony or of the cartilaginous septum may be present, and may give rise to a septal hæmatoma. The cardinal symptom of a hæmatoma of the septum is bilateral nasal obstruction, which is manifest within three or four hours of the time of the injury. The most important question to the patient who has recently sustained injury to the nose is: "Can you breathe through the nose?" If nasal respiration be possible, then there is not a septal hæmatoma. If there be bilateral nasal obstruction, its cause may be a hæmatoma of the septum, and an examination of the interior of the nose must be made. An adequate inspection is possible only by the use of a forehead mirror and a nasal speculum. It may be found that the obstruction is due to blood which has formed clots within the nasal passages, and such clots must be removed.

### DIAGNOSIS OF HÆMATOMA OF THE SEPTUM

Every student and recently qualified doctor should make himself familiar with the normal appearances of the nose as shewn on anterior rhinoscopy, using a reflected beam of light from a forehead mirror, and a nasal speculum. It is not possible to obtain a satisfactory view of

either the nasal passages or of the ear by any other method. There is no advantage to be gained, even on the grounds of universal utility, by using instruments which incorporate an electric battery and small bulb, as the forehead mirror can be used anywhere and at any time, an ordinary reading-lamp giving adequate illumination. In the author's experience, it has been possible to diagnose and to confirm the diagnosis by biopsy, in the case of an ethmoidal carcinoma, by the use of a forehead mirror reflecting the light from an oil-lamp in a farm-labourer's cottage. The vast majority of medical and surgical diseases can be diagnosed by the use of ordinary simple equipment, even in the wrongly-termed special departments, and haematoma of the nasal septum is a condition which is extremely easy in its recognition, provided that the examiner be alive to the possibility of its presence in all cases of injury to the nose.

Of outstanding importance is the history and its sequence. In a typical traumatic case there will be the history of injury, but nasal obstruction may not be mentioned, as the patient or parents may regard it as a natural sequel to the accident. It should therefore be a rule to inquire as to the condition of the nasal airway. The effective nasal airway may be estimated roughly by holding a metal spatula horizontally beneath the nostrils. On anterior rhinoscopy, using a forehead mirror and a Thudicum's nasal speculum, the normal symmetrical nose will provide a view of the septum medially, and the inferior turbinate laterally, with a space between them, occupied by air, on both sides. In the normal asymmetrical nose, this condition may be absent on one or other side, owing to deviation of the nasal septum. In a nose recently injured, the septum may be contiguous with the inferior turbinate on the side towards which displacement has occurred. But if the septum be found encroaching on both sides simultaneously, so that both sides of the nose are obstructed by a red or bluish-red mass of tissue which extends backwards from the columella, then a haematoma of the septum is present. Pressure with a probe demonstrates the fluid nature of the swelling on both sides—a haematoma can be indented, a displaced cartilage cannot be indented. The bilaterality of the swelling is the cardinal feature.

#### A HAEMATOMA OF THE NASAL SEPTUM IS PAINLESS

Should a septal haematoma be present for more than 48 hours, suppuration will occur, and an abscess of the septum will result. If a septal haematoma be evacuated, there will be no

deformity resulting from its occurrence. If a septal abscess occur subsequent deformity is almost inevitable.

An untreated haematoma anywhere in the body is very likely to suppurate, and in the case of the nasal septum it is almost certain to do so, as the mucous membrane covering it is injured, and nasal obstruction leads to accumulation of secretion with its contained aerial filtrate. When infection occurs, the swelling increases in size, so that the nose becomes visibly broadened. It also becomes red, there is dull throbbing pain, and it is excruciatingly tender on pressure over the midline between the tip and the bridge. The tenderness is so exquisite that it is not uncommon for patients to faint should the examiner unintentionally apply too great a pressure. Rhinoscopy reveals a bilateral swelling of the septum, deep red in colour, and occupying both nasal passages.

In a very short time, usually before the diagnosis has been made, the septal cartilage undergoes necrosis and is either liquefied or forms a sequestrum in the abscess cavity. Spontaneous rupture or drainage may result in the extrusion of a cartilaginous sequestrum which resembles gelatin. The suppuration then resolves quickly, and the nasal respiration is restored, and there will be no deformity apart from any skeletal displacement caused by the trauma. The late sequel, however, is an ugly deformity of the nasal contour, in which a sharp depression is formed in the mid-line crest of the nose, distal to the bridge formed by the nasal bones, the tip of the nose remaining elevated by the support of the alar cartilages. This nasal contour is characteristic of the professional pugilist, in whom the deformity may be enhanced by lateral displacement. As in the famous Dickens' character in "Little Dorritt," the nose may be inclined to the left side—"expression therefore sinister."

This deformity is usually ascribed to the loss of cartilage, which is assumed to cause collapse of the nasal crest. If this were so, a similar deformity would occur after all operations for submucous resection of the nasal septum, which of course it does not. The real cause of the deformity is a drawing backwards of the crest of the nose by scar tissue resulting from fibrosis in the abscess cavity.

Deformity of this kind occurring in a young male or female is a calamity, and it can always be avoided in cases where a septal haematoma is diagnosed and treated by drainage within two days of its occurrence.

The treatment is simple and easy. It is neces-

sary to pack both nasal passages with half-inch ribbon gauze soaked in a 10 per cent. solution of cocaine hydrochloride to which a few drops of adrenalin have been added. In fifteen minutes the mucosa over the septum should be incised, one centimetre behind the columella, and parallel to it, on each side. The blood and serum and clot should be removed by irrigation

with warm alkaline lotion, using a Higginson's syringe and a cannula inserted between the mucoperichondrium and the cartilage. The lips of both incisions should be kept apart by a gauze or rubber drain for a few days, as otherwise the haematoma may reform. In two or three days, nasal respiration is re-established, and the drains may be removed.

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## THE MAN WHO SOLD HIMSELF TO THE DEVIL

By SIR WALTER LANGDON-BROWN

The present outbreak of the spirit of evil gives new force to the ancient legend of the man who sold himself to the devil.

It seems to have first appeared in the sixth century when invasion by the Germanic tribes had reduced civilisation to chaos, as they attempted to do it now. This legend floated down the Middle Ages until it fixed itself on to an actual person, Johann Faust who was born of poor parents in Wurtemburg towards the end of the 15th century. The bequest of a rich uncle enabled him to study medicine at Cracow, but he also devoted himself to astrology and sorcery. He travelled through Europe and at Basle met the famous Paracelsus, who was half genius, half charlatan. By one of his Christian names "Bombast" Paracelsus added an expressive word to our language, just as Quisling has done more recently. He proclaimed himself as an innovator by ceremoniously burning the works of Galen at his inaugural lecture before the University of Basle, but it was his less scientific traits that appealed to Faust. A guest at a dinner given by Faust at Basle related that behind the host's chair stood a horse and a dog, which he maintained were attendant devils. Presumably they were just ordinary animals trained to stand there and so to impress the guests with his satanic powers.

The devil was often believed to present himself in the form of a dog; surely a libel on that faithful animal. Thus in Goethe's version of the story the devil first appeared to Faust as a black dog circling round him, always drawing nearer. Is this meaning implied also in the 22nd Psalm—"Deliver . . . my darling from the power of the dog"? Faust made the most preposterous claims; he boasted that his magic arts had enabled the Army of Charles V

to win the battle of Pavia in 1525 which put Italy under the heel of Germany, as she finds herself again to-day. Gradually Faust was discredited and passed out of notice; we have no authentic account of his death; the story of his signing an agreement with the devil in his own blood and of being strangled and dismembered by the devil when the compact came to an end is of later growth. Naturally every floating rumour of diabolical compact and final punishment gathered round his name "like iron filings around a magnet." All these were gathered into a sinister story, published in Frankfort the year before the Armada and quickly translated into English. Christopher Marlowe seized on this for his play "The Tragical History of Doctor Faustus," and the Elizabethan drama took a new form, soon adopted and immortalised by Shakespeare. Previously there had been two kinds of plays, the rather knockabout performances of strolling players in Inn yards, which surrounded, as they so frequently were, by galleries served as improvised theatres; and the high-brow drama of the University "wits." Marlowe, both Cambridge scholar and roisterer, combined the two into popular and poetic drama. His expressed intention was to lead his audience away

"From jigging veins of rhyming mother wits  
And such conceits as clownage keeps in pay."

Goethe was so impressed by Marlowe's Faust that he developed the same legend in his elaborate philosophic poem, though the scene of devilish revels on the Brocken and the story of Marguerite are entirely his own invention. Gounod popularised the story by his opera, still frequently performed. It is curious that just

as Bunyan's Pilgrim's Progress is no longer read as theology but as literature, and as Dean Swift's bitter satire on mankind, Gulliver's Travels, has become regarded as a children's fairy story, so the tragical history of Doctor Faustus is best remembered by the charming jewel song and the martial tramp of the soldiers' chorus in Gounod's opera. Yet the story is a parable, though it has changed its form. In the original version Faust was desirous of worldly pleasure, in Marlowe's of boundless power, in Goethe's of universal knowledge. Gounod emphasized the old man's desire for a magical return to

youth. To-day it is the desire for boundless power that has again asserted itself as the expression of evil: "I'll have them wall all Germany with brass," said Marlowe's Faust; but even that is not enough to satisfy to-day. It was the German Goethe who made Mephistopheles say of man:—

"Life somewhat better might content him  
But for the gleam of heavenly light which Thou  
hast lent him.  
He calls it reason—thence his power's increased  
To be far beastlier than any beast."

## ON BEING A MEDICAL STUDENT

By A SURGICAL REGISTRAR

Broadly speaking, I think undergraduates tend to "do medicine" for one of the following three reasons:—

*Group A* are medical students because their fathers (O.T. paters), are doctors, and one or other of the parties concerned wish the good work to be carried on—at least, one can only hope that the word good may be justly applied.

*Group B* are would-be doctors because they really want to take up medicine, and their action towards this has been quite spontaneous.

*Group C*, which I like to look upon as a small one, are those unfortunates, who, having nothing definite to do, and very probably wanting to do nothing very definite, just drift into medicine, comparatively few pursuing a very satisfactory course to the ultimate goal of all true medical students—the Finals.

In my own case, I fall under category A, and if you will bear with me, I will briefly explain what I mean. In the days of my extreme youth, when continent of matter but not of mind, it was the custom of my father, at that time a General Practitioner, to take me out each Sunday for a walk, and as we progressed down the village street, every man, or nearly every man, would salute my father, addressing him the while as "sir." Now I, in my immature mind's eye (and be it noted that I still have to wear glasses), thought it was only a doctor who received these almost royal salutes and royal "sirs," and I made up my mind there and then, that I too would one day be able to walk down that self same street, and receive those self same

tributes. When shortly afterwards I was asked by a benevolent visitor (having first made me Ride a cock-horse to Banbury Cross), what this fine little man was going to be when he grew up (fine in the sense that I was dry inferiorly after being bumped to Banbury Cross), I had no hesitation in saying "A doctor like daddy," and so this stuck to me throughout my childhood days, and I was duly entered at school as a would-be medico, though by this time, having discovered the error of assuming that only doctors were called "sir," I was not at all anxious to be like daddy! But once you are ear-marked for a certain profession, there you tend to remain, and when I started my medical career, I was most unhappy, being quite sure that I should never like the life. How utterly untrue this fear turned out to be, I have since happily discovered.

Now I have gone into this for the simple reason that I am sure quite a number of medical students have been more or less pushed into medicine, regardless of the fact that they themselves are not anxious for this at all. Medicine, above all other professions or trades, calls for a true love of one's work, and it surely behoves every parent to see that the student wishing to take up medicine knows fully the why's and wherefores of such an undertaking, and does not enter his medical school with the disturbing frame of mind that "I might as well do medicine as anything else, though I expect it will be pretty bloody."

The training which a medical man receives,

from the day he takes up practice to the day he ceases to practice, is surely one of the very best that any man can have, for a doctor has to learn to be observant, he has to learn to think for himself, he has to learn to make quick decisions, decisions moreover from which there is no turning back, he has to learn to keep his patient's confidence and most important of all, he has to learn to consider his patient above all else.

A test of the power of observation of his respective clerks was wont to be carried out by one of the late professors of medicine in Edinburgh.

It was his practice to teach his students the value of examining a specimen of urine by the sense of sight, smell, and taste. He would accordingly inspect the water (the editor's blue pencil prevents me from giving you the O.T. for water), smell the water, and taste the water, and would appear highly satisfied with all three. He would then pass the specimen glass to each of his students, who, not to be outdone, would also inspect, smell and taste; but there was all the difference between the professor and the students, for the former merely put one finger into the urine, and another one into his mouth; while the latter used but the one finger. The story does not relate what type of urine was favoured for this little test of observation—perhaps it was one with a flavouring of *B. Coli*, though nowadays, with strict rationing, a diabetic urine might be more appreciated.

My advice to all would-be doctors is essentially very simple, but I think is sound. Firstly only take up medicine knowing that you really want to become a first-class doctor. The life is undoubtedly a hard one, but is full of interest, and amply compensates for all that is required from the medical practitioner, and although there are bound to be many disappointments—provided it is through no fault of the practitioner—there can be no grounds for reproach. It is precisely this fact which should make all doctors most anxious to be a hundred per cent. competent, for it cannot be a pleasant thought to realise that an ex-patient might still have been alive had the knowledge and experience been greater. It must never be forgotten for one moment that the average patient places himself almost entirely without reserve, in the hands of his medical advisor, and accepts his treatment, good, bad or indifferent, with complete faith. It is certainly essential then that all medical men should fully appreciate this fact, and do their utmost not to fail in this trust. Mistakes are unavoidable, but every endeavour should be made not to make the same mistake twice, and if viewed in the correct prospective,

much can be learned from these errors. But it is to be remembered that there are mistakes, and mistakes, and every effort should be made to make as few as possible, and never the same one twice.

Secondly, always make the most of your opportunities throughout your undergraduate, and indeed your post-graduate career. By making the most of your opportunities, I mean such matters as regular attendance at lectures, ward rounds and clinics, and to regard these as definite stepping stones to qualification, and not just boring sessions to attend for the mere purpose of getting signed up. I am sure the best way of learning medicine is to read up each case as you see it, and to make it your business to see as many such cases as possible. Lectures too, should be read up within a reasonable time of their delivery. It is so much easier for the average person to remember facts represented by the spoken word rather than the written word, though I think perhaps the best of all is a combination of both. Clear thinking and sound common sense go a very long way indeed, and if to this you add a suitable application of theoretical knowledge to practical work, there is very little to fear from the examination, or, indeed, even the examiners. It was precisely this lack of clear thought that accounted for an examinee, who, when asked what he would expect to find in a dermoid cyst of the ovary, without a second's hesitation replied—false teeth.

Another point worthy of consideration is the golden rule that nothing which is not fully understood should be lightly passed by, and further enquiries should most certainly be made to clear the matter up. If this rule had been applied, it would have stopped the embryo prescriber thinking the mystic letters *p.r.n.*, after a prescription, meant *per rectum* nightly, and would have saved him the unnecessary embarrassment of attempting to administer ten grains of aspirin in a somewhat unorthodox manner.

It has been argued, and perhaps with some truth, that examinations are an unfair test, and that they should accordingly be abolished. The fact remains, however, that there must always be some means of deciding if a particular person is suitable to be passed out to the unsuspecting public as a qualified doctor, and for the time being the present system in force seems the most satisfactory. Examinations are at all events a goal at which to aim, and are a test of clear thinking, if indeed, not of endurance, and are, I am sure, good for the young medico's character, for the acute disappointments which he is liable to meet at the hand of his examiners, will continue to a lesser or greater degree

throughout the course of his medical career. A practical illustration of the resourcefulness which the veteran examinee tends to develop is illustrated by the following story. This particular gentleman in question had been up many times for his surgery, and on each occasion failed in his practical. At last, determined to get the better of his examiners at all costs, he contrived with a great deal of trouble to acquaint himself fully with all the clinical cases likely to be shown that afternoon. He accordingly presented himself full of confidence for his viva, but to his horror he was given the one case in the room which he had never seen; not to be outdone, however, after a second's hesitation, he went up to his examiner and said "Excuse me, sir, but I think it is only fair to tell you I have seen this case before, and consequently know all the physical findings." The examiner benevolently replied, "Very honest of you, my boy, in that case you had better change places with the next candidate."

Now a word or two about a certain interview that one day, sooner or later, you will be having with the examiner. The correct bearing is one of quiet confidence, a quite confidence that must not be overdone, for it is a definite mistake to make your examiner feel too much at home, even though you may think you know more than he does about a particular subject. On the other hand, do not regard him openly as an enemy out to do you down, for this attitude may well lead to disaster. The average examiner is certainly not going to try and plough the examinee—he is simply there to find out if the presenting candidate knows his work sufficiently well to pass, and in doing this is usually kindly disposed towards him, and therefore may, with justification, resent any imprecations that the reverse is the case. An examiner of my acquaintance once told me that if he sensed he was being looked upon as an open enemy out to

plough, then plough he did, for, as he put it, he never believed in disappointing any man!

It is also not a wise policy to appear for a *viva voce* in your sports clothes, as a certain young man one day found to his cost. This said gentleman, having done an exceedingly poor paper, presented himself for his *viva* in a pair of plus fours. The examiner, who happened to be of the old school of stiff collar and black suiting, merely looked the candidate up and down, and then rang for the porter. When this official arrived, he caustically remarked, "Porter, please show this gentleman to the golf course."

In the foregoing I have written exclusively in the male gender, but this is not because I disapprove of women doctors. On the contrary, I do not think it right that the supposedly weaker sex should be barred from taking up medicine if they wish to do so. I think, too, that after qualification, women should be allowed to apply for resident appointments in any of our hospitals (in a fair proportion to their numbers), for if they are allowed to enter the university, surely it is only fair that they should share equally with men, the opportunities of post-graduate experience.

Now to conclude these disconnected jottings, here is a little advice for those would-be consultants of to-morrow. In order to achieve that air of distinction so necessary for success, the following factors, should, if possible, be acquired:—

Firstly—a bald head to give an air of wisdom.

Secondly—a protruberant abdomen, to give an air of prosperity,

and Thirdly—a thrombosed external haemorrhoid to give an air of anxiety.

Though I think it is only fair to state that these desirable additions to a doctor's armamentarium are rarely obtained before middle age.

## CORRESPONDENCE

*To the Editor, St. Bartholomew's Hospital Journal.*

Dear Sir,

We feel that it is deplorable that the attendances at Students' Union meetings held in Cambridge are so low.

Can the students explain their apparent state of

apathy and lack of interest in the running of their own affairs?

Yours sincerely,

P. LEVETT.

J. CREMONA.

K. LAWRENCE.

Cambridge,

January 13th, 1943.

## THE SNOW STORM IN LONDON

### CONTACT BETWEEN MEDICAL STUDENTS AND THE POLICE

*The following is an extract from a scrap album filled with cuttings from the "Daily News." Its date is estimated to be between 1860 and 1866.*

"On making inquiries at St. Bartholomew's Hospital yesterday afternoon, the following account was given of an occurrence which took place on the previous evening . . .

It appears that on Monday afternoon the students were in the grounds within the walls of the Hospital engaged in a friendly snowballing match and by chance one of the missiles fell into the roadway. A city police officer happened to be passing and foolishly went into the grounds and ordered the combatants to desist. This suggestion was received with laughter and the officer was immediately saluted with a shower of snowballs and, after being rolled in the snow, was ultimately ejected. He then called for the assistance of a couple of brother officers and they went in for the purpose of arresting those concerned in this outrage, but only to share the fate of their comrade. Additional assistance was then sent for from the Smithfield Police Station and an Inspector, two Serjeants and about twenty of the reserve men were on the scene. By this time, intelligence had been sent round to the different class-rooms and between 300 and 400 students had assembled. The force, on their arrival, were greeted with cheers and yells and, on a charge

being ordered, they were repulsed, the continuous storm of snow balls completely driving them back. At this moment Sir Sidney Waterlow, who is treasurer to the Hospital, happened to come in and endeavoured to pacify the students but without the slightest result. He then asked whether in the event of the police retiring, they (the students) would return to their studies. The proposal was met with cries of "no compromise" and "turn them out." At this moment the students charged and the police were ejected neck and crop. A repetition of the scene was expected yesterday as the police, on leaving duty, are in the habit of crossing the hospital square, and at each of the "relief" hours the students assembled fully prepared to give a warm reception to anyone daring enough to attempt the passage; fortunately, the opportunity for carrying out the design was not afforded them. Inquiries for the names of the ringleaders have been made but there is great difficulty in selecting from so large a number (between four and five hundred) who shall bear the brunt of the affair, but it is confidentially believed at the hospital that summonses will be applied for at Guildhall.

R. A. HUNTER.

## EX LIBRIS SUIS

The nature of pleasure has been a constant bone of contention amongst philosophers. Some have called it "a vice," others "the aim of existence," and some "the root of all sin"—opinions that probably reflect the sort of life the philosopher led. It is clear, however, that there are two stages of pleasure derived from some object. The first is the pleasure of the expectation of attainment; and the second is the pleasure of attainment itself. And Spinoza has pointed out that if the expectation of attainment is disappointed, it is followed by sorrow. Which shews that Spinoza never spent his time in second-hand bookshops. For it is in this

occupation alone that the disappointment of an expectation does not lead to sorrow—and for this reason. One never goes into a second-hand bookshop expecting to find anything, so one cannot be disappointed. Imagine that you are walking through an orchard in December, and you come across an apple quite unexpectedly. The walk would have been enjoyable had you found nothing, for you were not really looking for anything. And the discovery of the apple is all the more pleasant because it was unexpected. One has the same sort of feeling when one collects someone else's shilling by pressing button B.

And so it is with the true second-hand bookshop lover. For although he is pleased when he finds something he wishes to buy, yet equally he finds pleasure in his search which ends nowhere. Since this Chinese philosophy is a most necessary part of his equipment, the man who haunts second-hand bookshops is often an indefinite sort of person, and therefore not easy to classify.

But it is quite otherwise with the bookshops, which broadly speaking fall into two types: those with a vast quantity of dirty and unsorted books—permanent bookstalls rather than shops—where bargaining is permissible and indeed expected; and those with carpets and well arranged shelves, with catalogues and well dressed assistants, where bargaining would be indulgently smiled upon, and the impossibility of lowering the price be gently but firmly pointed out. Most bookshops, however, fall midway between these two extremes, with softed books on the ground floor, but with half opened packing cases to be found on the floor of an untidy basement.

But the shops or stalls themselves could never be as varied as the books that they contain; and it is in the infinite variety of their wares that their chief attraction lies. One is able to wander round at leisure—for it is only in the most disreputable that one is accosted—and feast one's eyes and mind on the rich and varied spectacle of man's literary endeavour. Here one finds a book on the history of ceramics: on the evolution of the umbrella: on Hop-manure: on Buddhism, Roman remains, seventeenth century court scandal, and a hundred and one other branches of human knowledge and enquiry. And occasionally one comes across a real gem. Recently I found a small book in two volumes, published about the beginning of the last century and entitled "The Miseries of Life"—wherein were set down in dialogue form over three hundred minor irritations of life. Cutting oneself while shaving, breaking a bootlace, being spat on in the street by ruffians chewing tobacco while in female company—all were set down with scrupulous care. If modern psychological teaching is correct, the author's frame of mind must have been greatly improved by setting all these down on paper.

And again, in a small bookshop near Waterloo Station, my eye was arrested by the title on the back of a book which announced simply:—

KEEP YOUR MOUTH SHUT  
and on the title page this was expanded into:—

KEEP YOUR MOUTH SHUT  
and  
SAVE YOUR LIFE!

As this seemed remarkably and unusually direct advice—amounting almost to a philosophy—I glanced through the book, a meanly bound volume of about 1812. The content of its message was as simple as its title. The author was endeavouring to prove that all diseases were due to the fact that the modern generation went about with its mouth open, and the book was luridly illustrated with engravings of groups of people, firstly with their mouths open and their features resembling those of bilateral facial paralysis; and secondly with their mouths closed, beaming smugly at the astonished reader. I say astonished because the transformation was as complete as that from a monkey to an angel. As the former facies were undoubtedly adenoidal in type it is possible that the author was one of the earliest E.N.T. surgeons putting across a little propaganda. I have also seen book that set out to prove that cancer was caused by the exposure of canine faeces to the air—an assertion based somewhat naturally on no experimental evidence whatever.

But I think that it is amongst the old books and pamphlets that most delight is to be found. Imagine the joy of finding a pamphlet with a title page that reads as follows:—

"The Great Eater of Kent; or, Part of the Admirable Teeth and Stomach Exploits of Nicholas Wood, of Harrisom in the County of Kent, by John Taylor (the Water Poet . . . London, 1630.)"

It is said that this gentleman was suffering from a disease called "Boulimia," or "Caninus Appetitus," insomuch that he would devour at one meal what was provided for twenty men; he ate a whole hog at a sitting, and at another time thirty dozen of pigeons."

And here is the publisher's apology at the beginning of a book on Kent written in 1576:

"Sundry faultes (gentle Reader) haue we vnwillingly committed in this Booke, imprinted in the abfence of the Author. Of thefe, fome do blemish only the beautie of our owne workmanship: others do offend againt the lawes of Orthographie: some doe fhwredly peruer the fense of the writer, and will ftay thee: others doe vterly euer his meaning, and will muche trouble thee. Suche therefore as be moft daungerous, we haue here fet before thine eye, befeeching thee to amende them with thine owne pen, before thou enter into the Booke: The whiche labour (we doubt not) but thou wilt the more willingly vndertake in this one copie, when thou haft haue rightly weighed what a worke it

would be for vs, to perfourme it in fixe hundredth booke."

The eager anticipation with which one approaches a second-hand bookshop is often fated to be disappointed. But one always comes

away with a mind refreshed by an hour's contact with the writers of the past—and with hands dirtied by the dust that often lies so heavily upon their works.

D. V. B.

## SECOND TIME DRESSING

By A CHIEF ASSISTANT

Second-time clerks and dressers have, at the present time, unrivalled opportunities of which, in my opinion, they do not make full use. The following points are offered in the hope that they may assist the gathering in of a richer harvest:—

Clerks should examine every case admitted to their own wards.

Approximately one out of every six cases will be your own. This case should be recorded and the record kept. An immense amount may be learnt by referring to these notes in later years.

From the other cases you should cultivate the habit of learning one thing, and only one, from each case. The final turnover will be great.

In each of the three months of your appointment, make yourself "Specialist" in one department or another. One month you might specialise in Hearts, and another in X-Rays, and so on. At the end of three months you will feel that you know three subjects better than others, and this will give you some degree of confidence should your examiners happen to hit on one of these specialities.

If a particular ward-round appears to be above your head, do not go to sleep, but content yourself with learning five things from that round and forget everything else about it. This habit

is of immense value whatever the stage of your career.

Always carry your *Pharmacopœia* with you, and make a note in it every time you see a certain drug or mixture used. A student who forgets to carry his *Pharmacopœia* is like a Commando who forgets to carry a gun.

An absent ankle-jerk is of no significance unless the examiner is capable of obtaining one in every normal case. See if you can always elicit similar physical signs from every normal case.

Always put yourself in the position of the first doctor who saw the case before the diagnosis was certain. His predicament will be yours when you get into general practice. The specialist's problem in hospital is often much simpler than that of the G.P. who first saw the case.

Keep a "Black Book" and record in it any gross mistakes you make. Refer constantly to this book. The best way to learn is by remembering your own mistakes.

Last of all, get to know your patients personally, and to realise that the *Verruca in bed* No. 6 is not just a common wart of which you have seen thousands, but that it is Mrs. Brown's wart and is a source of great mental suffering to her. It is on such a realisation that your success as a good doctor depends.

## "BUT BY PRAYER AND FASTING"

"Cornelius Gemma . . . relates of a young maid, called Katherine Gualter, a cooper's daughter, An. 1571, that had such strange passions and convulsions, three men could not sometimes hold her; she purged a live eel, which he saw a foot and a half long, and touched it himself; but the eel afterwards vanished; she vomited some twenty-four pounds of fulsome stuff of all colours, twice a day for fourteen days; and after that she voided great balls of hair, pieces of wood, pigeon's dung,

parchment, goose dung, coals; and after them two pounds of pure blood, and then again coals and stones, of which some had inscriptions bigger than a walnut, some of them pieces of glass, brass, etc., besides paroxysms of laughing, weeping and ecstasies, etc., this I saw with horror. They could do no good on her with physic, but left her to the clergy."

—(From Burton's *Anatomy of Melancholy*, 1621.)

## NOTES ON GENERAL PRACTICE

## A LADY IN MIDDLESEX

There was frost during the night: it was cold and foggy in the early morning.

Being Sunday, the G.P. was happily asleep in bed. The N.S.P.C.C. Inspector rang up: "Child cruelty case: can you come?"

Driving slowly through the dense fog the G.P. mused "Don't forget to note anything in favour of the brutal father: be fair."

But it wasn't like that. Father was long since in the Middle East, fighting for his country: a brave man and a good father by all accounts. There were six children: the oldest a boy of ten: Mother had deserted them.

The house was cold, drear and dirty: gas and electricity cut off: no blackout: broken windows: broken glass and piles of wet rags on the carpetless floors: upstairs two beds, one wet feather mattress and one dirty blanket on each: downstairs six children clad in scanty, dirty rags, reaching just below the hips, shivered in

front of a tiny fire, lit by the boy of 7. There was no food in the house.

Enquiry showed that the girl of 9 had contrived two meals for the 2 and 3 year old children, on Saturday; but for them only.

Amorous, perhaps, by nature, robbed of her man, and possibly worried by coupons, points, gas-masks, black-out, and all the evils of war on the home-front, Mother had gone off with a deserter.

But, even so, give her her due: she had left a pleasant aura behind her. All six children had the attraction of charming manners.

When the inspection was over, when all the notes were written, all the arrangements made, Marjorie Wilson, aged 9, the lady of the house, left the fireside, stepped out and said: "Dr. Chip, before you go, may I offer you a cup of tea?"

THIRD CHIP.

## SAGA OF A SUCCESSFUL SURGEON

I'll tell you a story concerning the life  
Of a surgeon so skilled with the healer's knife  
That he did not believe  
And would not be persuaded,  
That medicines cured  
Quite alone and unaided.  
His name I must tell you before I can start,  
Was Sir Baceous Bartholomew Beddsbaugh, Bart.

I first heard the tale from my landlady's mother,  
Who heard it, she said, from her late husband's brother,  
A colleague of his  
Had a sister in Java,  
Whose fiance, I'm told,  
Lived in Fidgety Parva,  
And he was the man, so they told it to me,  
Who called in Sir Baceous, O.B.E.

This fiance, I heard was a doctor of note,  
Who'd developed a serum for curing sore throat,  
And a patient of his,  
When the wind was due South,  
Was picking his teeth;  
The pick stuck in his mouth.  
So they put him to bed, and they tucked him up tight,  
And consulted Sir Baceous B. Beddsbaugh,  
Knight.

He travelled from town in his own special train,  
And he came, and he asked, " How severe is the pain?  
Does his left ear move up  
When you tickle his knee?  
I cannot say more  
Till you've paid me my fee."  
. . . Don't judge him too harshly, this man of great fame,  
With Sir Baceous B. Beddsbaugh you pays for the name.

When his fee had been paid and he'd rested awhile,  
He went up to the patient and said with a smile:  
" In your piriform fossa  
There lies a toothpick,  
And unless its removed,  
Why—there it will stick!  
And the sole man to do it, I'll give you one guess,  
Is Sir Baceous Bartholomew Beddsbaugh, M.S.

At 2 p.m. on Tuesday, when everything was set,  
They called in Blacksmith, Butcher, Curate,  
Undertaker, Vet.,  
And they called in all the neighbours from the district round about,  
To watch Sir Baceous Beddsbaugh seize the thing, and pull it out.  
They gave the patient pentothal—but then his nose went green,  
So they gave him gas and oxygen, and trichlorethylene.  
They cleansed the skin with ether round the necessary part,  
And soon they asked Sir Baceous B. to come and make a start.

He dissected the tongue and the tonsils free,  
And held up the stomach for all to see,  
He rummaged about and produced to sight  
A kidney large, and round and white.  
And then he increased his incision in size,  
Till it reached from the tips of the toes to the eyes.  
He explored still further and brought to view  
The liver, a knee joint, a gall-stone or two,

... But at last he got tired, and they sewed up the thing,  
With four yards and-a-half of sterilized string.

The treatment was drastic I will not deny,  
The patient might live, or the patient might die,  
They gave him transfusion,  
They gave him a drip,  
They e'en made a spica  
To put round his hip.  
" If his temperature curve still remains on the chart,  
The patient won't die," said Sir Baceous B., Bart.

But the patient did die,\* on the 20th ult.,  
" Operation successful—but a fatal result."  
Not a jot dismayed  
Was that surgeon of fame,  
In fact as he left  
He was heard to exclaim:  
" Whatever you say, I am bound to be right  
For my name is Sir Baceous B. Beddsbaugh—  
good-night!

P. R. & D. V.

## HONOURS

The following award has been approved by the King for coolness and devotion to duty during an enemy air attack:—  
O.B.E.—T/A Surg. Lt.-Cdr. A. D. Bateman,  
R.N.V.R.

G.B.E.—Sir Henry Hallett Dale.

The post of Assistant Editor has been filled  
by Mr. P. R. Westall.

## THE CHRISTMAS SHOWS

The ward-shows are a firmly rooted Bart.'s tradition. Commencing modestly without costumes or footlights some thirty years ago they grew ambitiously until the year before the war, when a dozen different shows were to be found entertaining the patients with all the adornment and polish of a West-end production. The advent of war failed to stop this fine tradition, although in the first year of the war there was but one show and a solitary but courageous conjuror to keep the tradition alive. This year we were pleased to see three shows, the casts and producers of which are to be congratulated on the high standard which they have maintained under difficult circumstances.

None the less certain faults were apparent in all three productions, and producers would do well to listen to their show from the back of the ward where much is inaudible owing to the actors talking to themselves instead of to the audience. Continuity was also lacking to an uncomfortable degree; long pauses between numbers are a mistake which can be precluded by having an efficient compere. Nor is it good enough to permit discontinuity with the contention that comperes are born and not made: a clear announcement of the next item with an occasional story are all that is required to keep the ball rolling. In addition it should be recognised that questionable songs and stories are anathema. The prescription for success is Good Clean Fun . . . ad 35 mins.

**THE PINKNICKERS**: were creditably recruited from among the surgical dressers and gave us good entertainment with songs and dances under the direction of Coulson, himself a drummer and actor of no mean ability. He had good fortune in having Wells at the piano, for he exhibited the rare quality of a pianist who was a good accompanist and thereby helped

greatly in the musical numbers. The opening number was well rehearsed and executed but, like the topical song, lacked snap. Bunting, Herrington and Coulson acted well in three sketches, two of which could have been shortened and thereby improved. Between some of the numbers Jackson appeared as compere and acquitted himself well, but there were far too many gaps. Grossmark sang well to his own accompaniment, but one of his songs was ill-conceived and ill-advised. The three community songs were sung well in appropriate settings, and the show was brought to a close with a good closing chorus.

**THE LOOSE-LIVERS**: had the dual distinction of an appropriate title and a cast which bristled with established stars, so that we were not wholly unprepared for the first-class entertainment which they provided. The cast, and in particular their producer Irving, are to be congratulated on this excellent show in which there was not a single weak number, although the compering left something to be desired. "Viola," and Stephen's Society Dish-Washer were outstanding and will be long remembered. But not far behind must come the best rendering of a Carol yet heard in the wards, and the three "Fan Dancers." Corbett, Livingstone and Hunt, fresh from the hills of Khakmandoo. Morse shone as an old-time tenor and as a porter in the Eisteddfod sketch which gave scope to the vocal talents of Copestake, Hunt and Livingstone, with Gibson introducing the finalists with suitable insults. Mann lent volume in all the singing numbers and courted Gibson's lecherous hardware in the "Crocodile" community song. Flanagan and Allen, alias Livingstone and Corbett, were justly applauded, and the "Bart.'s Tour" told us many interesting things about the ward Sisters.

## THE RESIDENTS' SHOW

To produce a Residents' show which must follow the excellent 1941 version must have required courage, but notwithstanding work, duties, etc., Smith and his colleagues produced a worthy successor in the HUMOURSQ. This show followed more closely the traditional lines for a ward show and lost nothing in so doing. They opened well with a good opening number which was followed by the best topical song of the day, in which they explained many

apparent omissions from their cast. Next the voluptuous Brenan was cuddled through an amusing sketch by Smith and Grey. Attlee, whose diction should be a lesson to all, brought tears to our eyes in describing the disastrous outcome of his infant's ablutions, assisted by four most unholly angels in the background. Then followed an excellent sketch in which the audience were privileged to direct the treatment of an unfortunate patient who is resigned to

accept anything except being transferred to a certain part of the sector. Mason compered the show with aplomb and knitted the numbers together in a manner which others might have copied with advantage. With his persuasion "Jingle Jangle" was the loudest sung community song of the day. A musical number recounting the sufferings of Danby, McGrigor and Grey in the remote city of Haust Phen Co. was well up to standard; Attlee made an excellent Gene capable of delousing any Sultan (even

Mason) but he declined to accept the hand of the Sultan's daughter as a reward because, being a Gene, he knew all along that she was none other than the over-cuddled Brenan.

And so, after two days' hard work for all, the cast and patients alike can lie back and enjoy a well-earned rest . . . until next year when we hope more shows will be produced to continue this worthy tradition.

J. T. H.

#### THE POT POURRI

Whatever the literal meaning of this phrase may be, its implication is a mixture, a selection of the best. The organisers of this year's Pot-Pourri—if indeed there were any—made the same mistakes as last year; and because it would seem to be a pity if they were repeated again next year, it is justifiable to put these mistakes on record.

First, the show was too long. Second, it was foolish to include all the items from all the shows. Third, it was wrong to allow each show to perform *seriatim*. Fourth, there should have been someone with authority to cut out the poor numbers. This may sound harsh criticism from one who had no part in any of the hard work involved, but it is offered with the best of motives and in gratitude for a highly enjoyable evening.

The four mistakes are complimentary, and for the guidance of those who cannot remember the pre-war Pot Pourri it may be instructive to recall how this was organised. Since there were ten or twelve shows it was clearly impossible to have more than two or three items from each, and these were selected and intimately mixed by an observer who had seen them performed in the wards. With so many shows it was unlikely that many of the Pot Pourri audience

would have seen them all before, and hence the Pot Pourri was in the nature of a new revue for them. With only three shows to be seen in the wards (which is a very good number for war time) the audience is probably familiar with all the items and only wants to see the good ones again.

The three shows have already been reviewed in the JOURNAL and it remains to add that the Pot Pourri was enlightened by some revivals of past years and by an excellent monologue in the style of Cyril Fletcher by Bailey. The Patter Song of 1937 was excellently sung by Keith Vartan, Clifford Newbold and James Harold, although it is only fair to relate (in case they should see this in print) that of them only the former was one of the originals. Keith Vartan, whose diction is exemplary, also sung his famous song about the Corn Flakes and Pink Pills for Pale People.

Though most praise should go to the performers for the evening's entertainment, a little should be reserved for some members of the audience who bore with good humour some thinly veiled insults. Personal affronts, to be acceptable, must be funny; most were . . . a few weren't.

"HOGARTH."

#### THE FRIERN PANTOMIME

At Friern this Christmas a further nail has been hammered into the coffin of the old Bart's phobia that for nurses, housemen and students to combine in theatrical endeavour leads to moral ruin. The nail this time is all the stronger in that the usual roles were reversed. It was a Red Cross nurse, Miss Joy Eberhardt, who produced a super pantomime "Robin Hood and the Babes in the Wood" and it was an invigorating sight, at rehearsals, to see the

residents being drilled in stage-craft, song and even dance by a nurse. Preparations had been afoot for some six weeks and our appetites had been whetted by ingenious posters which Dr. Hennessy posted around the hospital during darkness with all the stealth of an underground movement propagandist. The posters promised well, and so did the merry sounds which hung in the air around No. 1 Hall on many December evenings, but we were none of us prepared for

the magnificent scale of the Pantomime which was eventually produced on December 29th and 30th.

In the first act we were led to a forest glade where Robin Hood's merry men were singing around a fire led by the fine baritone of John O'Connor (one of the Friern male nurses). So skilful were the costumes and Bert's make-up, that we wondered at first why so many of the merry men sang soprano, but the programme set our minds at rest as we recognised the names of many familiar pro's, nurses and sisters among them. Soon Robin Hood herself (Phyllis Thomas) was on the scene with all the cheeky confidence and well filled tights of a proper pantomime principal boy, and she was quickly followed by the lovely knight's daughter (Ivy Thompson). All was set for the romance which developed steadily to the last act through several charming duets and coy embraces. The housemen seemed more at home in the Tavern scene of the second act, and here we were introduced to the terrifying wicked Baron (Tom Cotton) his two ruffiennes (Marie Wainwright and Peggy Wood) and to his insufferable nephew and niece (David Trevan and Guy Horton), who arrived squabbling in a spinal carriage and squawked, fought, tumbled and grimaced, and, indeed, provided all the laughs there were to be had. Back to the wood in the next act for the Babes to be lost and for a charming fairy Ballet starring Eileen Lightfoot, who danced with professional skill and for several dazzling appearances of Vera Turner as Fairy Queen. The Babes and Robin Hood with his mixed company got the better of the ruffiennes and we were borne with them off to Friern Castle for the last Act. What profusion of courtiers and

courtesans of all sexes were there! (No signs of clothes rationing at Friern Castle.) And then came a veritable Father Christmas of a King (Charles Willis) to confound the Baron, comfort the Babes, bring Robin Hood and her truelove together and lead off the final chorus of "There'll always be an England," which shook the rafters till we wondered if there'd always be a No. 1 Hall.

Throughout the evening the Friern Orchestra under Fred Preswell accompanied the choruses, and played between the acts so tunefully that we hope it will not be long before we hear them playing "Music while you work" on the Forces programme. There was a huge audience on the last night which left no doubt of its appreciation of all the skill and care that had led to this triumphant production, and it gave Miss Eberhardt the ovation she deserved. Many were heard to voice, with their congratulations, the hope that this will be the first of a long series of Christmas pantomimes at Friern.

The cast and their friends (including the medical staff) afterwards had a feast in 18 Ward of chicken and mince pies, which was the best war-time Christmas dinner that most of us had ever seen. I believe the cast continued celebrating for several merry hours.

The two advertised performances were not enough. Not all who wished to see the pantomime had been able to get to them. By a miracle of organisation a further performance was given on January 7th, which was every bit as good as its predecessors. The pantomime at Friern was a real triumph, and showed that the staff of Friern and of Bart's can play together as happily and successfully as they work together.

C. M. F.

### XMAS At HILL END

For several days before the feast all medical work was abandoned by the students who remained around the hospital and the patients had the joy of seeing the men, who had so far only come into the wards to see them and to pummel them about, adopt a new line of business. Instead of coming into the ward of a morning with a hearty smile and breezing up to them to enquire into their condition only to do nothing about it, the patients were for once left alone and ignored; probably to their great delight. The students came in in their shirt sleeves carrying ladders and boxes. With these they settled down anywhere in the wards and then as if they were working under some pre-

conceived plan set about shifting beds, undoing the boxes, clambering up and down ladders, so that in a short time the ward was transformed into a party hall, with streamers, holly, fairy lights, a Christmas tree, and all that goes with Christmas celebrations. It was only after it was all over that I realized that I had not in all this scrambling about seen a single sprig of mistletoe. A terrible thing, I thought, to be without this essential twig at Christmas time. Not to be done out of their spirit, however, when the day came, several of the patients, it was found, had acquired a private supply which they produced as occasion arose, much to the surprise of the nurses tending them. One

student managed to borrow a sprig from one of these patients and after chasing sister several times around the ward caught up with her and won his prize. Just after this the resident medical officer came in to do his morning

rounds; it was a busy day for him so he visited his patients on a push bicycle. He was not long delayed as the patients had had the best treatment they could have wished for in the fun and games I have described above.

### THE HOUSEMEN'S SHOW

At the end of a most successful day, Mrs. Thacker held a party in the Reception Hall at which we were privileged to see an extremely fine show put on by the Residents. They had been hawking their show round the wards during the afternoon, but nevertheless gave us what must have been their most inspired performance. After a well delivered introduction, we had a variety of turns; Mr. Lambley sang songs with verve and Mr. Moffatt conjured with alacrity (although it was lucky that the opening in the curtains was behind him!). We witnessed a scene in the Out Patients at Bart.'s done in

dumb-show which was extremely clever, but could only be depressing for those of us who were about to go up to Bart.'s. Some very scurrilous verses about the personnel at Hill End were well received, but would definitely have been censored if they had been in the script of "Laughing Gas." We all lost our hearts to poor little Angeline—so pretty, so helpless, so pathetic. We must congratulate every member of the cast especially Mr. George Hicks, who was the pivot of the whole show, and those behind the scenes on an excellent entertainment.

### THE CHORAL SOCIETY

On Wednesday, December 16th, the Hill End Bart.'s Choral Society gave a concert of Carols in the Reception Hall. It was the first time your correspondent had heard this choir, and is not therefore in a position to say whether they were better than the last time they appeared or not.

The choir was well trained, and even if the sopranos were a little flat once or twice, they quickly recovered, and were well supported by the contraltos. Hobst's very difficult "Lullay my Liking," sung unaccompanied, was a very ambitious piece, but with an able soprano soloist in Margaret White leading them, the choir made it sound easy.

The big work of the evening was the "Adeste Fideles," sung in Latin (which was a pity as there appeared to be at least two schools of pronunciation). This was on the whole well done, the chorus giving plenty of body to the four soloists; one couldn't help wondering if the tenor (Tim Pierce Kelly) was really a tenor or was in actual fact a baritone, but nevertheless his duet with the bass (Cecil Paget) showed that they were both experienced singers. The soprano was again good, but the contralto (M. Boulton) was not always quite on the note.

Cecil Paget sang Hely Hutchinson's "Old Mother

Hubbard" after the style of Handel, and this was very well received by the large audience. His voice, a fine bass-baritone, bears the definite mark of his King's College upbringing.

There were three piano forte soloists, of whom the accompanist, Philip Moore, must be congratulated on his whole performance during the evening, as his accompanying was first class, demonstrating great versatility and competence. Marion Lethbridge has a delightful touch, and was a joy to listen to, especially in her first piece, but it was a pity she was so nervous. The third pianist was Winifred Byers-Jones.

I gather that "Good King Wenceslas" was performed by special request, but I must say that to sing it as a quartet was definitely original.

Of the choir's carols, I liked "O little town of Bethlehem" best, and here Vera Sage made an admirable soloist, but all the others were well done, and special mention must be made of "O Little One," and its robust octet.

In Irwin Peck the choir had a vigorous and extremely effective conductor, and it is largely to him that our thanks are due for a most enjoyable evening.

Late, on Christmas Eve, carol singers kept up the tradition of singing in the wards.

### "LAUGHING GAS"

The custom at Bart.'s and Hill End of Christmas Shows is an excellent one. I have now been fortunate enough to be in the reviewing stand for the last two Christmas productions and my feelings are again the same or

more—a constant admiration for the enthusiasm of the students and their contribution in making a Merry Christmas for the staff but more particularly the patients.

"Laughing Gas" started the Hill End holi-

day ball rolling; a series of several skits, some rough and some extremely funny. To me, one act stood out above all others. We were allowed to see the student's conception of what Bart's would be like with housewives. It was a very timely subject and no doubt further convinced the opposition that the powder puff "must not pass." I would have liked to have heard more of the negro spirituals; the quartet was good, and their harmony would fall into the swing term of dirty. Future Christmas shows would profit by having more of this type of thing. Perhaps even more popular

were the songs which told of staff eccentricities —there is always considerable material in any staff for some ingenious poet, and this one picked wisely and often too much to the point. I was sorry to hear at the last minute that one or two of the important characters had to drop out. I am sure the rough parts can easily be explained because of this. However, the cast carried on, gave lots of fun and enjoyment to everyone and certainly helped to make this war-time Christmas at Hill End first rate.

H. R. I.

### ALASTAIR BAIRD KENNEDY

SURGEON-LIEUT. ALASTAIR BAIRD KENNEDY, R.N.V.R., was reported "missing, and is presumed to have lost his life on active service on Sunday, 15th November, 1942, during the course of operations in connexion with the occupation of French North Africa." The following extracts are taken from a letter written to his wife, which was mailed on Saturday, November 14th.

"I have had no opportunity to write since that last letter (16.10.42). Things began to move pretty hectically after that, and I haven't set foot on shore since, and no mail has been allowed to leave the ship.

"By now of course you know what it has all been about. I can't tell you more than that we have been in the frontest of lines, and still are. The whole thing has been far from a picnic—very far!—and one just carries on hoping for the best from hour to hour. We have played an important rôle in many respects, and—I think—held our end up very well.

"Lack of sleep is everyone's great snag. Besides watches (which I do at night now, too) there's the constant action stations business, and when we're not at action stations, we're just waiting for the next one. It is very annoying to be continually gazing at a port, and never getting the chance to have a walk ashore—although for various reasons that is also a dangerous procedure.

"I am very well really, although I have cracked a rib. I haven't had the chance of having it X-rayed, so am just walking around in strapping, and hoping for the best. However, I find the constant nagging when I breathe is a most aggravating and tiring thing.

"I could tell you a tale or two. I do not enjoy dive and torpedo bombers! How-

ever, one is very grateful to have got this far, and put up a decent show.

"I went on watch—the middle, i.e., 12-4 a.m. It turned out rather a grim one. I watched the ship ahead torpedoed, although she managed to stagger into harbour. It's the first time I've ever seen one actually hit by a torpedo.

"but if I manage to get home O.K. I think I can say I've had my share. It would be marvellous to sail through these waters in peace, and look at all the places where we've been.

"When I finish this letter I am going to turn in—in pyjamas—and have a good night's sleep for the first time for a month.

"of the whole operation, our name stands highest for guts and hanging on . . . so maybe it's worth while . . . The organisation (of all the Nations) who has come out head and shoulders above all others is the R.N. It has done its stuff to the limit, and to the exact second, in the face of everything, and by Golly, we led it!

"have had some extraordinary experiences. The worst was being aboard (as nearest "Doc") a sinking ship; the captain with a smashed leg, and the ship with a shuddering list to port . . . He yelled, "Doctor!" sez me; "Yes, sir?"—"Doc, this ship is sinking"—sez me, "Yes, sir." I'll never forget it. Never did "England, Home and Beauty" seem so far away.—However, we're still here, and very well, too, all things considered.

"tonight we're safe, apart from a red warning, and at rest for 24 hours, we hope. One learns to be grateful for even an hour's freedom from imminent action stations."

## At CAMBRIDGE

At the moment there is very little to say about life in Cambridge as most people seem to be in that state of listlessness and boredom which is the result of returning to work too soon after a very merry Christmas. The students are fast becoming divided into two camps: those who have brought their skates back with them and who are earnestly hoping for a succession of very sharp frosts, and those who have not and who are likewise earnestly hoping that the cold snap we have just had was the last

this winter. Meantime, we seem to be in a "No Man's Land" of weather but Time Marches On and sooner or later this "conflict will be decided."

We were all very glad to hear that Professor Wormall is now convalescing after his operation in December and we wish him a speedy and complete recovery.

Renewed apologies, Mr. Editor, for the paucity of news this month.

M. D. S.

## BOOK REVIEWS

**GRAY'S ANATOMY.** Twenty-eighth Edition. Edited by T. B. Johnston, M.D., and J. Whillis, M.D. (Longmans, 63s.)

Despite war conditions further additions have been made in the way of several new X-ray plates and fifty new illustrations. Further use of colour has been made in the existing illustrations. The main part of the text remains the same, with some additions, except the Introduction and the section on Ductless Glands, which have been rewritten. The Glossary has been omitted, but the B.N.A. terms have been retained throughout most of the text.

**ILLUSTRATIONS OF SURGICAL TREATMENT, INSTRUMENTS, AND APPLIANCES,** by Eric L. Farquharson, M.D., F.R.C.S.E. 2nd edition. (E. and S. Livingstone, 25s.)

This book deserves a great success. It starts with two chapters on intra-venous saline infusion and blood transfusion. These have been entirely rewritten to bring them up to date with modern war treatment. The rest of the text deals with the details of common methods of surgical treatment. A profuse collection of excellent photographs, which have been considerably added to since the first edition, make the understanding of these methods simple. The last section of the book deals with the instruments and appliances used in orthopaedic and general surgery. On one side are clear pictures of the various types of instruments and on the other a description of them.

For house surgeons and anyone proposing to take up surgery this book will clear up difficulties and be a mine of information on simple surgical treatment.

**ANATOMICAL DERIVATIONS AND MEANINGS,** by W. E. Roberts, M.R.C.S., L.R.C.P. (Angus & Robertson.)

By how much the students of Latin and Greek gain over their less learned brethren in the practice of medicine is deeply felt by those who have never given the "Dead Languages" great consideration. Those who studied Latin before they intended to do medicine pursue a science in which Latin is far from dead and may occasionally be amusing. Clinical, a word used every day, the physician or student lacking Greek in his armamentarium may be surprised to learn is derived from the Greek word *kline*, meaning a four-post bed. The coccyx is so-called owing

to its resemblance to the bill of the cuckoo (Gr. *kokkyx*), and *jejunum* means fasting or empty.

The writer informs us in the preface that he was prompted to compile this small book after reading Whitwell's *Study of Anatomy*, in which the author advises students to spend the time they use in devising mnemonics for tracing the derivations and meanings of words. They will then be able to reason out the facts from what they have discovered. Thus in this book there are some thousand words common in anatomical text-books set out with their derivations and meanings.

But apart from more immediate knowledge some insight into the history of medical science can be obtained by studying the etymology of terms. Pituitary, we find, is derived from the Latin word *pituitarius*, meaning slime, which recalls the old anatomist's belief that this gland was responsible for secretions into the nose. The author is to be congratulated on this useful and much-needed little book.

**TEXT-BOOK OF GYNAECOLOGICAL SURGERY.** Berkeley and Bonney. 4th Ed. (Cassell, 50/-.)

This is not a text-book which many students will find it necessary to buy. Nevertheless, a rather restricted field is treated very adequately, and even the general reader will find plenty of information clearly set out. The authors at once command our respect and attention as members of the Olympian Ten who determine the *via media* that London's obstetrical teaching shall follow.

In the long run operative surgery can no more be mastered from text-books than chess. None the less, a certain basis of booklore must be acquired before we stand, knife in hand, beside the table. Moreover, are there not examiners who seek to confuse by their questions on operative detail?

The written descriptions of technique form a concise and intelligible guide to the surgery of a region remarkable for the chaos of its anatomy and the stygian gloom of its recesses. The female pelvis may indeed be a goldmine, but its reefs are of the most inaccessibility.

The text is well illustrated with a large number of line drawings. To some these may also be dimly but happily reminiscent of certain guide books to North Wales. In addition the book contains some seventeen coloured plates. Three of these purport to show the anatomy of the pelvic contents, but can

scarcely be regarded as throwing much light there. The remainder, depicting various pathological conditions, are uniformly excellent.

Of more general interest is that large part of the book which deals with post-operative care and the treatment of complications. These are problems which may face any of us, and there is much practical and kindly advice here. This is, in fact, pre-eminently a kindly book, leaving with the reader a pleasant impression of the outlook on surgery of two men who are proud to be craftsmen as well as scientists.

Of its production one may say that this volume is a credit to its war-time publishers. The print is clear and black. The paper is white and opaque. The only positive error of statement on which we lighted was a reference to avertin as a barbiturate, and after all as Para Handy remarked, "The effect is chust the same."

**MIDWIFERY.** Edited by Clifford White, Comyns Berkeley and William Goliatt. Seventh edition. (Edward Arnold, 18s.)

Written by Ten Teachers, this book was originally written in the last war for students taking their finals. In this war nine of the ten teachers still remain, but Dr. Barris has resigned and his place has been taken by Mr. John Beattie. The subject matter has been re-arranged to allow normal labour and pregnancy to be discussed before considering any complications. The experience gained in the use of the sulphonamide group of drugs has been included in this edition and also the new classification of developmental pelvic abnormalities after Caldwell

and Moloy has been introduced. Any repetition in the text by the various authors has been abolished and many new illustrations have been added. This book should most certainly be read by students during their period of doing midwifery.

**MODERN TREATMENT YEAR BOOK, 1942.** Edited by Cecil P. G. Wakeley, C.B., F.R.C.S., F.R.S.E., F.A.C.S., F.R.A.C.S. Pp. xvi. 300. 13 plates. (Baillière, Tindall & Cox, 12s. 6d.)

This familiar volume is now appearing in its eighth annual edition. The book consists of a collection of articles by forty-five well-known medical writers. Many of the subjects chosen are of great topical and practical interest, and there is a special section dealing with the effects of war on various aspects of medicine and surgery. The authors have by no means confined themselves to treatment only, and in fact many of the articles contain more information on diagnosis than on therapy.

The book is apparently intended for the busy general practitioner with little time available for reading, and the subjects are thus dealt with somewhat briefly, but there seems to be a danger that such summaries may by their inadequacy defeat their own ends.

There is some unnecessary overlapping of the subject matter which such articles as "The surgical treatment of irremovable duodenal ulcer," by Maingot, would seem out of place in a work of this kind.

For all this the book is good value for its 12s. 6d., and should form a useful and authoritative addition to the practitioner's library.

## SPORTS NEWS

### RUGGER

The following letter was received last month from a Prisoner of War Camp in Germany:—

Stalag, Luft 3.  
October 9th, 1942.

Dear Sir,

This camp, containing nearly 2,000 N.C.O. air crew, boasts a large proportion of very keen Rugby players. Besides two grade competitions which absorb 18 teams, a series of International matches are arranged between New Zealand, England, Scotland, Wales, Australia and Canada, and in the latter some very fine games are seen. The competition series is based on representation from 10 huts, each of whom plays under the name of a leading English club, e.g., my barrack's XV. is called "Barts." Our field, though full size, well equipped in respect of goal posts, etc., is not the best, being of packed sand devoid of soil or grass. It is, however, lack of such equipment as jerseys and boots that hampers us most, it has been suggested that your club might be so very kind as to help us, even if any contribution you could make was old or part worn. I can assure you of our gratitude for any assistance, and also of our efforts to sustain a name in Rugby which is so widely venerated. A New Zealander myself, I had associated "Barts" with Rugby rather than a hospital until my landing in England. With sincerest wishes for your club's continued success.

Yours faithfully,

J. M. GARRTH.

In view of the apathy displayed by most members

of the hospital, it is encouraging to think that somewhere we have some staunch supporters. If anyone has any old rugger shirts of any colour or size I shall be glad to collect them together with any old boots with the object of sending them on to Stalag Luft 3.

v. Coventry. Away, December 5th, 1942. Lost 29—3.

First illness and then a united hospitals game reduced us to a glorified "A" XV. To add to our troubles after 15 minutes Hawkes was hurt and had to go on the wing, where he was a passenger for the rest of the game. The weather was unpleasant, a high gusty wind and some rain. The opposition, who have done very well this season, were heavy and experienced forward and very fast outside. In the first half we kept them down to 8—0 and made some good moves ourselves. In the second half they ran away from us, always having a man over. The forwards struggled gallantly under Jones' leadership, but I doubt if we had the ball cleanly ten times in the game. Just before no side we had some sort of a movement from which Gibson scored a try, which he failed to convert.

v. Guy's Hospital. Away, December 12th 1942. Lost 8—3.

Once again we failed to field a full side, illness and examinations defeating us this time, and for the second week in succession Hawkes had to go on the wing in the second half. Guys seemed more lively all round to start with and were getting more of the ball; they were lucky to score their first try, a kick

ahead bouncing back into their hands, the second score was due to bungling on our part. In the second half we livened up considerably, and several times rushed nearly took us over. We had several breaks in the centre, but lack of speed prevented us scoring, the ground incidentally being terribly heavy. We were forced to defend for some time, luckily we were successful. From a break through in the centre we were awarded a penalty as they tackled Corbett before he got the ball, Gibson kicked the goal. That was all the scoring.

*Team*.—Livingstone; Davey, Hunt, Gibson, Austin; Hawkes, Stephen; Wood, Matthews, Jones, Hall, Anderson, Stephens, Corbett, Moffat.

*v. O.C.T.U., Sandhurst. Away, December 19th, 1942. Lost 13—0.*

Climatic conditions were unpleasant, it rained solidly throughout the game. In the first half we attacked strongly and regularly, but without being able to finish our movements; the pack were heeling very slowly, and the consequent slowing up outside was probably the missing factor. In the second half the weather got worse, and we made the mistake of trying to pass the ball; they kicked and rushed very successfully, and scored three times, the speed of Holmes and Ware being too much for us.

*v. Metropolitan Police. Away, December 27th, 1942. Lost 7—0.*

As can be seen from the list below, we fielded a highly original team, including two policemen in the pack. For 20 minutes we played with only 13 men until reinforcements appeared from out the fast descending gloom. After that we sloshed happily about in the mud until half-time with the score 0—0. At this juncture Richards was sick, but nobly returned to the fray. Christmas began to tell badly in the second half, and we were constantly defending.

All things considered we did well to hold them to 7 points. A high light of the game was the way in which Stephens and Livingstone tackled Masters, the police sprinter, a triumph of subtlety over speed.

*Team*.—Livingstone; Campbell, Stephens, Gibson, Jones; Hunt, Stephens; Wood, Mann, Richards, Anderson, Copper, Corbett, Wigglesworth, Copper.

*v. Northampton. Home, January 2nd, 1943. Cancelled.*

*v. Rosslyn Park. Away, January 9th, 1943. Won 4—3.*

This game should never have been played, and was merely a Roman holiday for the crowd. Surprisingly there were no casualties despite the ground being iron hard and very slippery. The players were against playing as a whole, but were more or less pushed on by old men and other non-players with such stuff as, "When I was young we thought nothing of playing on rock," etc.

The game was fast and open. To begin with the Park attacked strongly without scoring. Two outside movements transferred the game to their 25, and from a clean heel Hawkes dropped a really beautiful goal. The forwards were doing very well, especially Hall and Anderson. Mann gave us a share of the ball despite being up against Tyler's experienced foot. In the second half the game became fast and furious and progressively more dangerous, and eventually the Park were awarded a try despite the ball being grounded behind the dead ball line. We were forced to defend for some minutes before staging a final attack, during which Gibson went over but had knocked on in gathering the ball. At the end we were still one point up.

*Team*.—Austin; Jones, Gibson, Juckles, Davey; Hawkes, Stephen; Wood, Mann, Jones, Hall, Anderson, Stephens, Corbett, Moffat.

## HOCKEY CLUB

This season, although results do not give us all the credit due, we have had some excellent games. The team is newly formed, the nucleus of it first played together with surprising success in a six-a-side tournament at the Vauxhall Works last year. Most of our matches are yet to be played, however, and with the practice we have gained we should be able to keep up the reputation of last season's team. We are supported by a strong defence, notably R. H. Ellis in goal and P. F. Lucas as full back, and what our forwards lack in team work is made up by

individual play.

The second XI. have been unfortunate in having several of their matches cancelled, but they have shown their superiority in team work in some good games.

Our captain, G. E. Hicks, has only been able to play intermittently this season, and I understand will shortly be going into the forces. On behalf of the club I should like to wish him the best of luck, as he has been a regular and familiar figure on the field and off for several years.

## ANNOUNCEMENTS

The JOURNAL wishes to inform its readers that in future a charge of 1s. per line will be made for announcements printed in this column. All communications should be sent to the Editor at the JOURNAL OFFICE.

### BIRTHS

BATES.—On December 4th, 1942, at South Bank Nursing Home, Worcester, to Jean (née Young) and Michael Bates—a son.

BIRCH.—On January 1st, 1943, at Hillside Nursing Home, Faversham, to Diana, wife of Dr. R. G. Birch, of Sittingbourne, Kent—a daughter.

BOSTON.—On January 3rd, 1943, at 17, Northmoor Road, Oxford, to Kathleen ("Kay"), wife of F. Kenneth Boston, M.B., B.Ch.—a son.

EVANS.—On December 23rd, 1942, at Bourne End, to Diana, wife of Dr. Courtenay Evans, M.D.—a son.

GORDON.—On November 8th, 1942, at Allington Nursing Home, Ipswich, to Joan, wife of Charles John Gordon, F.R.C.S., Lt., R.A.M.C.—a daughter.